

County: Milwaukee
HALES CORNERS CARE CENTER
9449 WEST FOREST HOME AVENUE

Facility ID: 4010

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HALES CORNERS 53130 Phone:(414) 529-6888
Operated from 1/1 To 12/31 Days of Operation: 365
Operate in Conjunction with Hospital? No
Number of Beds Set Up and Staffed (12/31/02): 62
Total Licensed Bed Capacity (12/31/02): 62
Number of Residents on 12/31/02: 61

Ownership: Corporation
Highest Level License: Skilled
Operate in Conjunction with CBRF? No
Title 18 (Medicare) Certified? Yes
Title 19 (Medicaid) Certified? Yes
Average Daily Census: 59

Services Provided to Non-Residents		Age, Sex, and Primary Diagnosis of Residents (12/31/02)				Length of Stay (12/31/02)		%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		45.9
Supp. Home Care-Personal Care	No	-----		-----		1 - 4 Years		45.9
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	0.0	More Than 4 Years		8.2
Day Services	No	Mental Illness (Org./Psy)	27.9	65 - 74	4.9			-----
Respite Care	No	Mental Illness (Other)	1.6	75 - 84	42.6			100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	47.5	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	4.9	Full-Time Equivalent		
Congregate Meals	No	Cancer	3.3		-----	Nursing Staff per 100 Residents		
Home Delivered Meals	No	Fractures	14.8		100.0	(12/31/02)		
Other Meals	No	Cardiovascular	6.6	65 & Over	100.0	-----		
Transportation	No	Cerebrovascular	21.3		-----	RNs		8.6
Referral Service	No	Diabetes	1.6	Sex	%	LPNs		8.9
Other Services	Yes	Respiratory	3.3	-----		Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	19.7	Male	18.0	Aides, & Orderlies		
Mentally Ill	No		-----	Female	82.0	47.1		
Provide Day Programming for			100.0		-----			
Developmentally Disabled	No				100.0			

Method of Reimbursement

Level of Care	Medicare (Title 18)			Medicaid (Title 19)			Other			Private Pay			Family Care			Managed Care			Total Resi- dents	% Of All
	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)		
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	15	100.0	307	15	100.0	129	0	0.0	0	31	100.0	203	0	0.0	0	0	0.0	0	61	100.0
Intermediate	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	15	100.0		15	100.0		0	0.0		31	100.0		0	0.0		0	0.0		61	100.0

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/02							

				% Needing				Total	
Percent Admissions from:		Activities of		Assistance of		% Totally		Number of	
		Daily Living (ADL)		One Or Two Staff		Dependent		Residents	
Private Home/No Home Health		1.7		Independent		78.7		19.7	
Private Home/With Home Health		0.0		Bathing		73.8		61	
Other Nursing Homes		5.9		Dressing		21.3		61	
Acute Care Hospitals		87.4		Transferring		72.1		61	
Psych. Hosp.-MR/DD Facilities		0.0		Toilet Use		18.0		61	
Rehabilitation Hospitals		0.0		Eating		13.1		61	
Other Locations		5.0	*****						
Total Number of Admissions		119	Continence		% Special Treatments		%		
Percent Discharges To:			Indwelling Or External Catheter		6.6		Receiving Respiratory Care		0.0
Private Home/No Home Health		16.9	Occ/Freq. Incontinent of Bladder		55.7		Receiving Tracheostomy Care		0.0
Private Home/With Home Health		15.3	Occ/Freq. Incontinent of Bowel		45.9		Receiving Suctioning		0.0
Other Nursing Homes		0.0					Receiving Ostomy Care		1.6
Acute Care Hospitals		11.0	Mobility				Receiving Tube Feeding		3.3
Psych. Hosp.-MR/DD Facilities		0.0	Physically Restrained		4.9		Receiving Mechanically Altered Diets		31.1
Rehabilitation Hospitals		0.0							
Other Locations		16.9	Skin Care				Other Resident Characteristics		
Deaths		39.8	With Pressure Sores		14.8		Have Advance Directives		96.7
Total Number of Discharges			With Rashes		3.3		Medications		
(Including Deaths)		118					Receiving Psychoactive Drugs		67.2

Selected Statistics: This Facility Compared to All Similar Milwaukee Metropolitan Area Facilities & Compared to All Facilities

		This Facility	Ownership: Proprietary		Bed Size: 50-99		Licensure: Skilled		All Facilities
		%	%	Ratio	%	Ratio	%	Ratio	% Ratio
Occupancy Rate: Average Daily Census/Licensed Beds		95.2	81.9	1.16	86.7	1.10	84.2	1.13	85.1 1.12
Current Residents from In-County		78.7	83.1	0.95	90.3	0.87	85.3	0.92	76.6 1.03
Admissions from In-County, Still Residing		18.5	18.8	0.98	20.3	0.91	21.0	0.88	20.3 0.91
Admissions/Average Daily Census		201.7	182.0	1.11	186.6	1.08	153.9	1.31	133.4 1.51
Discharges/Average Daily Census		200.0	180.8	1.11	185.6	1.08	156.0	1.28	135.3 1.48
Discharges To Private Residence/Average Daily Census		64.4	69.3	0.93	73.5	0.88	56.3	1.14	56.6 1.14
Residents Receiving Skilled Care		100	93.0	1.08	94.8	1.05	91.6	1.09	86.3 1.16
Residents Aged 65 and Older		100	87.1	1.15	89.2	1.12	91.5	1.09	87.7 1.14
Title 19 (Medicaid) Funded Residents		24.6	66.2	0.37	50.4	0.49	60.8	0.40	67.5 0.36
Private Pay Funded Residents		50.8	13.9	3.66	30.4	1.67	23.4	2.17	21.0 2.42
Developmentally Disabled Residents		0.0	1.0	0.00	0.8	0.00	0.8	0.00	7.1 0.00
Mentally Ill Residents		29.5	30.2	0.98	27.0	1.09	32.8	0.90	33.3 0.88
General Medical Service Residents		19.7	23.4	0.84	27.0	0.73	23.3	0.85	20.5 0.96
Impaired ADL (Mean)		50.2	51.7	0.97	48.9	1.03	51.0	0.98	49.3 1.02
Psychological Problems		67.2	52.9	1.27	55.5	1.21	53.9	1.25	54.0 1.24
Nursing Care Required (Mean)		6.8	7.2	0.94	6.8	1.00	7.2	0.94	7.2 0.94